

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-576)**

SERIAL NO.  
**09/325636**  
AFFIDAVIT

FILING DATE  
**6-4-99**

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2		1				
3	1					
4		1				
5	1					
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TOTAL	3					
TOTAL	2					
TOTAL	5					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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